

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Beecher*

Died at *Fords Store* ^{Town} *Queen Anne's* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *July* ^{Day} *23* ^{Years} *67* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birthplace *New Jersey*

Occupation *Oysterman* Where Residing if not at place of death *Fords Store*

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Gunshot wound in* How long

Immediate *head* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Suicide

John M. McKenney
Queenstown
Md



Name
in
Full

Susie C. Bolden

CERTIFICATE OF DEATH

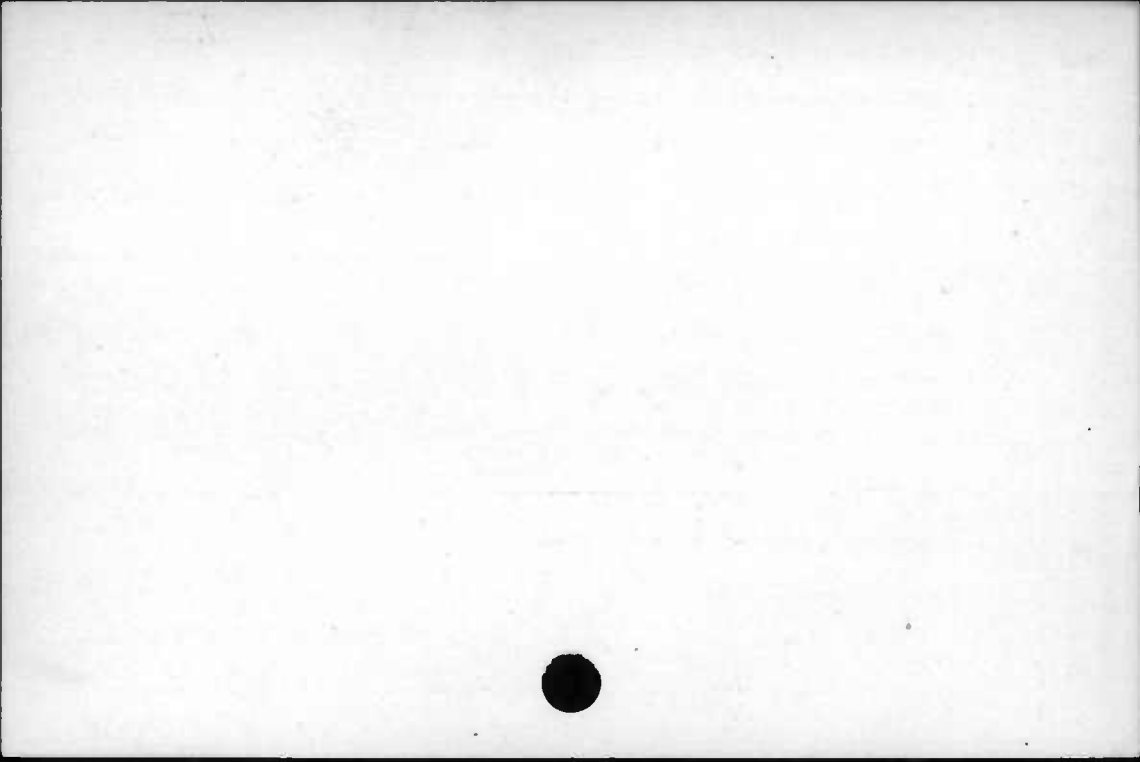
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centreville		County Queen Anne's		MARYLAND	
Date of death		1906	Month July	Day 16	Years 30	Months 6	Days 8
Sex Female		Color or Race Negro		Birth-place I. A. Co.			
Occupation Housewife		Where Residing if not at place of death Wicheston					
Married, was or Widowed		Name of Wife Husband Solomon Bolden					
Father's Name David Smallwood		Father's Birthplace I. A. Co.					
Mother's Name Harriet Grimage		Mother's Birthplace I. A. Co.					
Name of person giving information "		"		"		How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart.	How long	Not known.
Immediate	" "	How long	One week.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. F. Smith M.D.	
Address		Centreville	
Accident or Suicide?		Md.	



Name
In
Full

Dead Born Infant Brown

CERTIFICATE OF DEATH

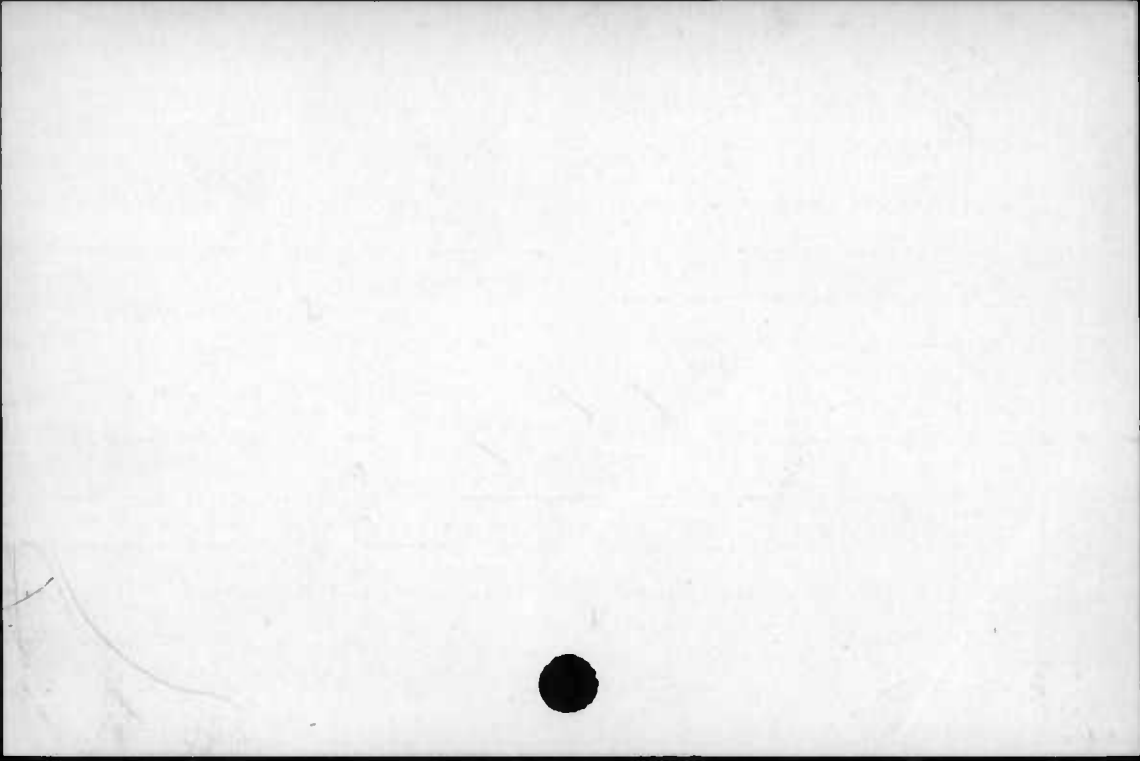
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brownsville</u> Town		<u>2. 9.</u> County		MARYLAND	
Date of death	<u>1906</u>	Month	<u>7</u>	Day	<u>24</u>
Age		Years	<u>—</u>	Months	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Brownsville</u>
Occupation	<u>none</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Chas Brown</u>			Father's Birthplace	<u>2. 9. Geo</u>
Mother's Maiden Name	<u>Laura Bheath</u>			Mother's Birthplace	<u>2. 9. Geo</u>
Name of person giving information	<u>Laura Bheath</u>			How related to deceased	<u>mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dead Born</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. M. Brown</u>
<u>yes</u>		Address	<u>Brownsville</u>
Accident or Suicide?			<u>2. 9. Geo</u>
<u>no</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mundelein* Town*2a Co* County

Date

of death *1906*

Month

July

Day

. 27

Years

Age *17*

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place*2a Co*

Occupation

*Cooking*Where Residing if not
at place of death*Mundelein*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Gideon Y Butler*Father's
Birthplace*2a Co*Mother's
Maiden Name*Mary E Gibbs*Mother's
Birthplace*2a Co*Name of person giving
information*Chas. W Butler*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Tuberculosis (pulmonary)

How long

one year

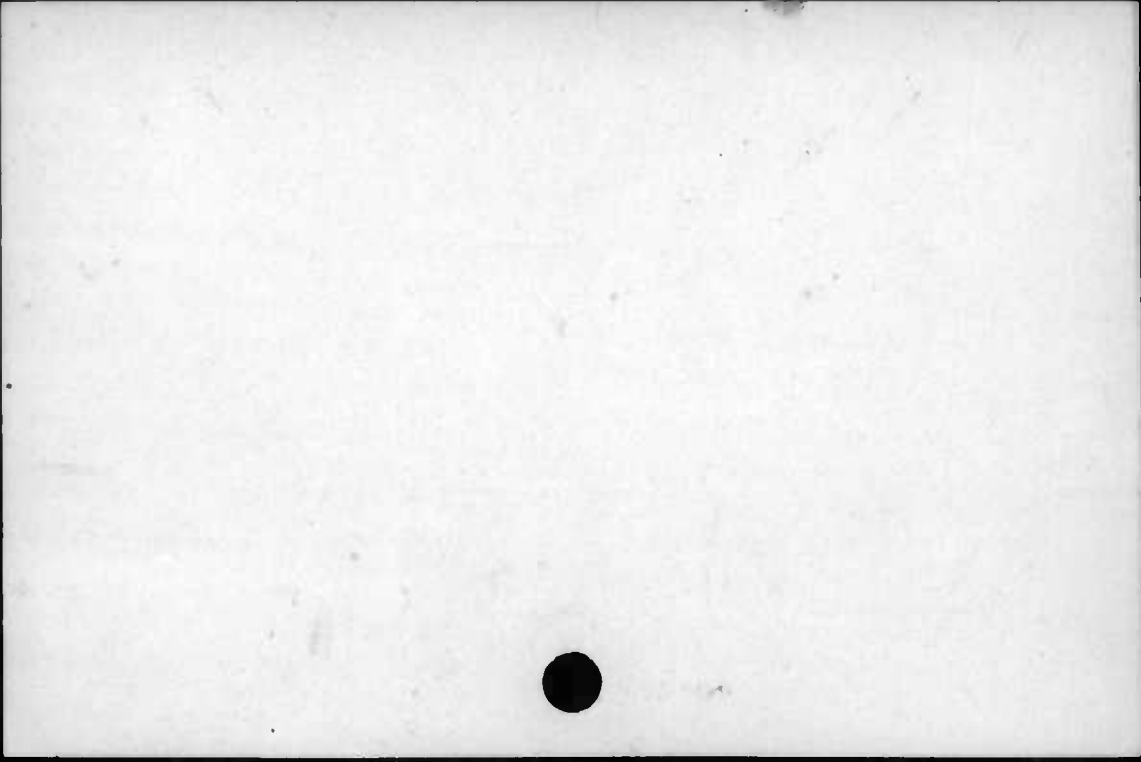
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. Adams*

Address

Successville, Md.

Accident or Suicide?



Name
in
Full

Melvyn M. F. Caple

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Burrowsville*^{County} *2^d*Date
of death *1906*^{Month} *7*^{Day} *17*

Age

^{Years}^{Months} *8*^{Days} *13*Sex *Female*Color or
Race*White*Birth-
place*Burrowsville*

Occupation

*nursing*Where Residing if not
at place of death*Place of death*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*James Caple*Father's
Birthplace*24. Co Md*Mother's
Maiden Name*Rose L. McFarland*Mother's
Birthplace*24. Co Md*Name of person giving
Information*Wm L. McFarland*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

Enterocolitis

How long

3 weeks

Immediate

Exhaustion

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Myron Grandson
Burrowsville
Md*

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

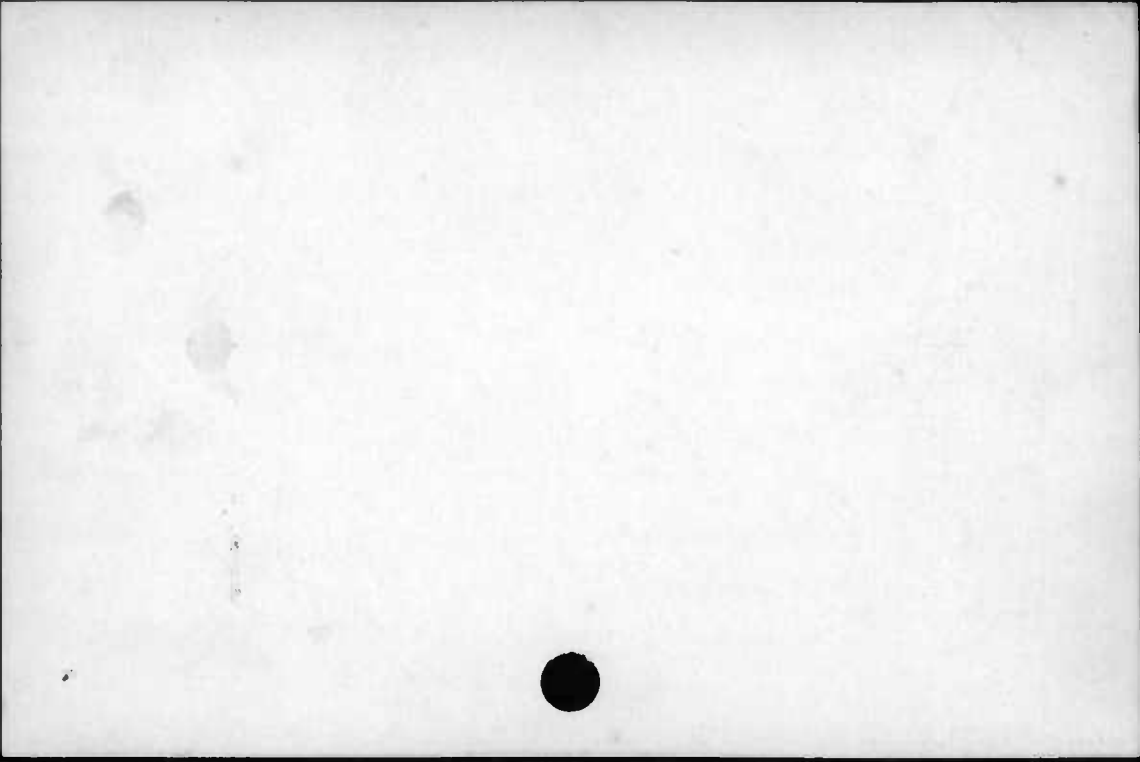
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Alice Roy Crossley		Town near Church Hill		County Queen Anne's		State MARYLAND	
Died near Church Hill		Date of death 1906		Age 1		Days 15	
Sex Female		Color or Race White		Birthplace near Church Hill		Occupation at Place of death	
Where Residing If not at place of death at Place of death		Single or Widowed Single		Name of Wife or Husband Samuel G. Crossley		Father's Name Samuel G. Crossley	
Mother's Maiden Name Alice Roy Roy		Name of person giving information Samuel G. Crossley		How related to deceased Father		Father's Birthplace Ind.	
Mother's Birthplace Ind.							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum	How long 2 wks.
Immediate Exhaustion	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. G. Coppock
	Address Church Hill
Accident or Suicide?	Ind.



Name
in
Full

Maudie A Dodd

CERTIFICATE OF DEATH

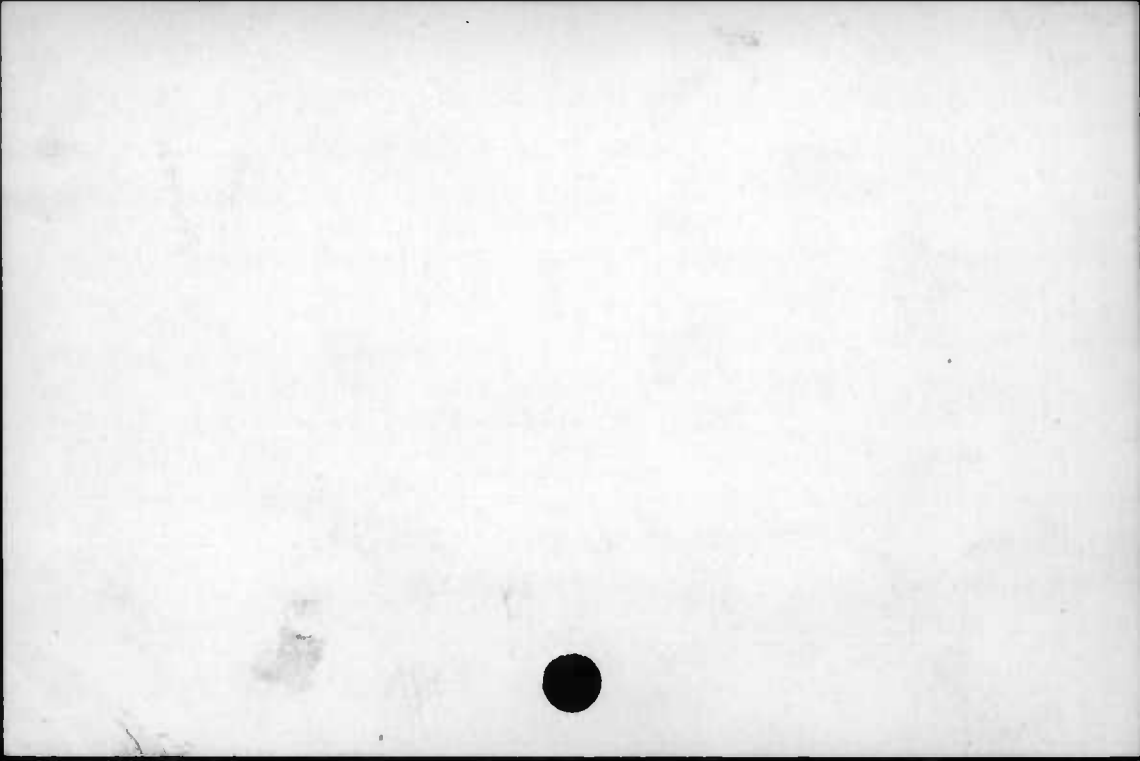
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	23	9		5	26
Sex	Female	Color or Race	Colored		Birth-place	Md	
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Jno Dodd				Father's Birthplace	Maryland	
Mother's Maiden Name	Ara Blake				Mother's Birthplace	Maryland	
Name of person giving information	Jno Dodd				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency & dropsy		How long	About 1 Year
Immediate	Anaemia and Asthenia		How long	4 weeks.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Cappare
		Address	Church Hill Md.	
Accident or Suicide?				



Name
in
Full

Cooper & Elliott

CERTIFICATE OF DEATH

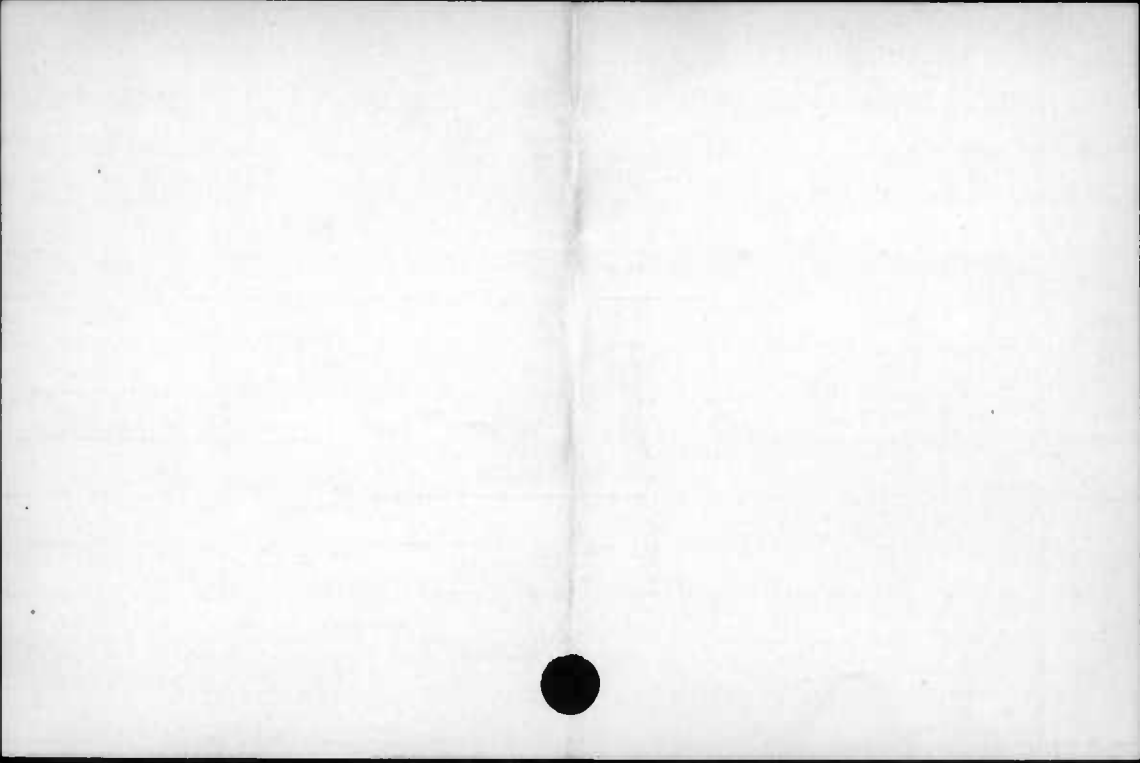
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mas Crumpston</i> Town		<i>Truman Anne</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>6</i>	Age <i>7 weeks</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>red</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Cooper Elliott</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary E Brown</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Cooper Elliott</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>105</i>	<i>Two days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Walter Snodgrass</i>	
		Address <i>Snodgrassville</i>	
Accident or Suicide?		<i>Ind</i>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wear</i> ^{Town} <i>Sunderville</i> ^{County} <i>Harris Anne</i>		MARYLAND				
Date of death <i>1906</i>	Month <i>7</i>	Day <i>28</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>House</i>	Where Residing if not at place of death					
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Wm W. Balloufield</i>					
Father's Name <i>Wm Perkins</i>			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information <i>Son in law Wallace</i>			How related to deceased <i>Son in Law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Advanced age</i>	How long <i>154</i>
Immediate	<i>General Debility of same</i>	How long <i>1 1/2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Walter Luder</i>
		Address <i>Sunderville</i>
Accident or Suicide?		<i>no</i>



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Church Hill</i> Town		<i>Finley</i> County		MARYLAND	
Date of death	1906	Month	July	Day	18 th
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Near Church Hill</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Howard Finley</i>		Father's Birthplace <i>Near Church Hill</i>			
Mother's Maiden Name <i>Mary Virginia Bradley</i>		Mother's Birthplace <i>Near Church Hill</i>			
Name of person giving Information <i>Self</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. W. Weedon</i>
	Address <i>Church Hill, Md</i>
Accident or Suicide?	



Name
in
Full

Mr Richard Gould

CERTIFICATE OF DEATH

Died at ^{Town} Goultown ^{County} Queen Anne's MARYLAND

Date of death 1906 7 28 Age 1 Months 7 Days

Sex male Color or Race Negro Birth-place Goultown

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Richard Henry Gould Father's Birthplace 2d. Co Md

Mother's Maiden Name Nannie Wilson Mother's Birthplace " " "

Name of person giving information Richard Henry Gould How related to deceased Father

CAUSES OF DEATH

Primary Whooping Cough (8) How long 3 weeks

Immediate " " How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Robt. Weddies F.S.

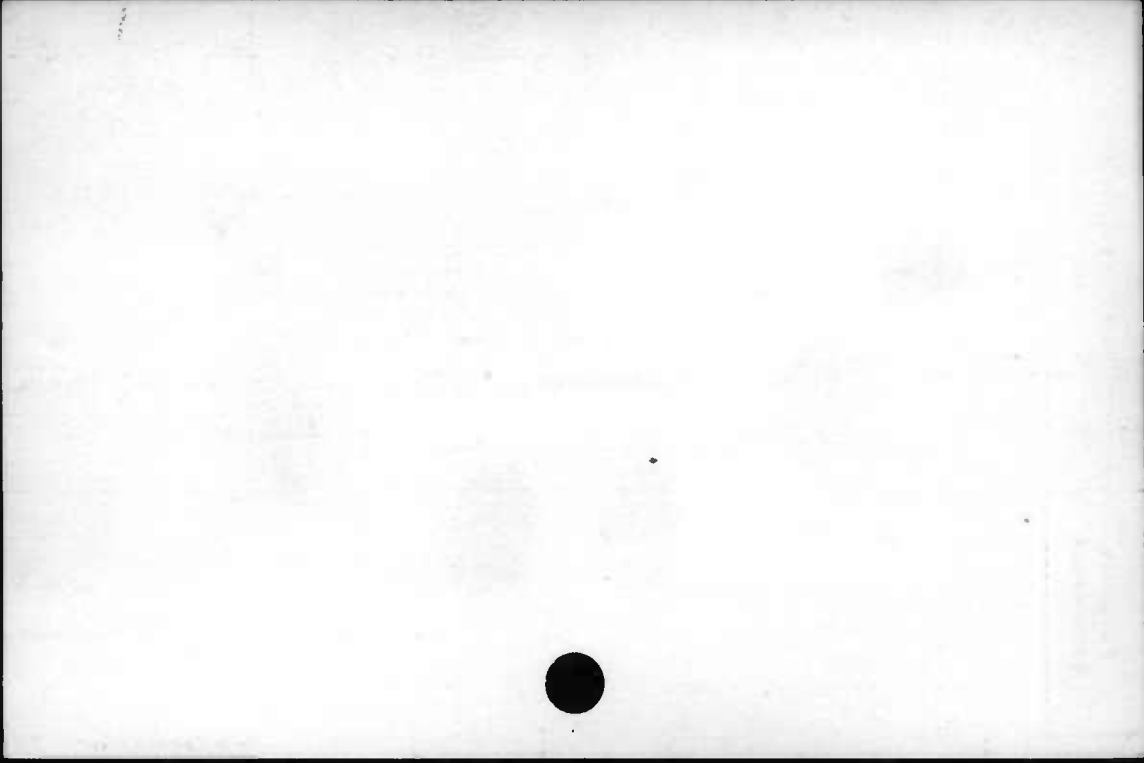
Address _____

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Oran Goedsborough Oran		CERTIFICATE OF DEATH	
Died at New Church Hill <small>Town</small>		Queen Anne's <small>County</small>	
Date of death 1906 <small>Month</small> July <small>Day</small> 20th <small>Years</small> 18		MARYLAND <small>Months</small> <small>Days</small>	
Sex Male <small>Color or Race</small> Colored		Birth-place Queen Anne's Co	
Occupation Foran laborer		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Samuel C. Oran		Father's Birthplace Queen Anne's Co	
Mother's Maiden Name Lizzia Goedsborough		Mother's Birthplace Queen Anne's Co	
Name of person giving information Samuel C. Oran		How related to deceased Father	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		How long 4 mos.	
Immediate Exhaustion		How long 20 mins	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. S. Dabney MD	
Accident or Suicide? No		Address Church Hill Maryland	



Name
in
Full

CERTIFICATE OF DEATH

Margaret Grimmer

Town

County

MARYLAND

Died *near Brentonpton* *Queen Anne's*

Date of death 1906 *July* *25* *24* *9* *—*

Sex *Female* Color or Race *White* Birth-place *Queen Anne's*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Benj. L. Grimmer*

Father's Name *Sam'l Everett* Father's Birthplace *—*

Mother's Maiden Name *Rachel E. Berris* Mother's Birthplace *Queen Anne's Co*

Name of person giving information *Benj L Grimmer* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Tuberculosis Pulmonalis* How long *3 Years*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above *Yes*

Signature of Physician *C P Gorman M.D*

Address *Millington MD*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Winchester</u> ^{Town}		<u>Steele</u> ^{County}			
Date of death <u>1906</u>	<u>4</u> ^{Month}	<u>24</u> ^{Day}	<u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>2</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Winchester Md</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>H R. Steele</u>			Father's Birthplace <u>Winchester Md</u>		
Mother's Maiden Name <u>Racena Taylor</u>			Mother's Birthplace <u>LA Md</u>		
Name of person giving information <u>H R Steele</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>(15)</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm H. Henry</u>
	Address <u>Stevensville Md</u>
Accident or Suicide?	



Name
in
File

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		Thos. Wood Kendall		County		Towm		Centerville		Lending		Quinn		Almond		MARYLAND	
Died at		Date of death		Month		Day		Age		Years		Months		Days			
Sex		Male		Color or Race		American		Birth-place		Kent Co.		Md					
Occupation		Capt. of Salt Water		Where Residing if not at place of death													
Married, Single or Widowed		Married		Name of Wife or Husband		Marianne Kendall											
Father's Name		Storris Kendall		Father's Birthplace		Kent Co Md											
Mother's Maiden Name		Nancy Wood		Mother's Birthplace		" " "											
Name of person giving Information		Anna Kendall		How related to deceased		Sister											

CAUSES OF DEATH

Primary		Accidental fall from window		How long			
Immediate		Fractured neck & Skull		How long		Immediate	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Jas Bondley M.D.	
				Address		Centerville Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

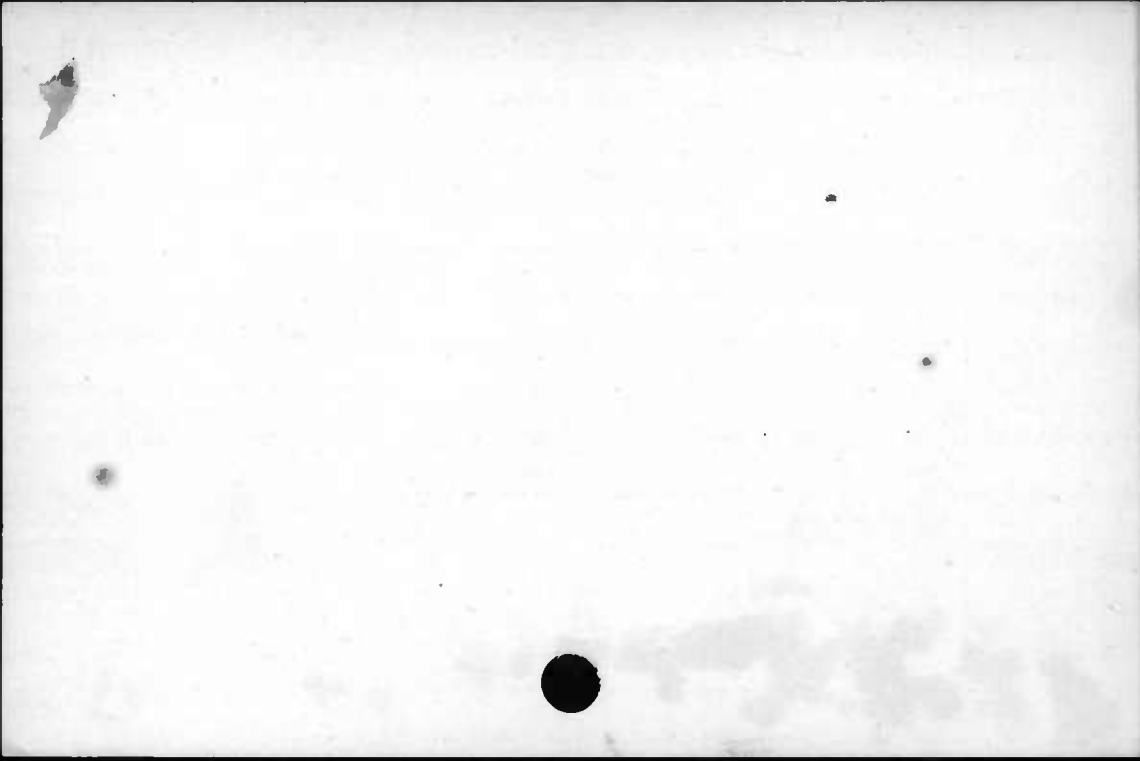
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centreville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	1906	Month	July	Day	5
Age		49		Months	
Sax	<i>Tenahk</i>	Color or Race	<i>Black</i>	Birth-place	<i>Queen Anne's</i>
Occupation	<i>House Keeping</i>		Where Residing if not at place of death <i>Centreville</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>John Mathews</i>			
Father's Name	<i>Vincent Marsh</i>		Father's Birthplace <i>Queen Anne's</i>		
Mother's Maiden Name			Mother's Birthplace <i>Queen Anne's</i>		
Name of person giving information	<i>Harriet Younger</i>		How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio sclerosis</i>	How long	<i>20 or 25 yrs</i>
Immediate	<i>Paralysis or embolism</i>	How long	<i>half hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>[Signature]</i>
		Address	<i>Centreville</i>
Accident or Suicide?	<i>no</i>		<i>Queen Anne's</i>



Name
in
Full

Mrs Elizabeth May

CERTIFICATE OF DEATH

Died at near Centerville Anne Town County

MARYLAND

Date of death 1906 7 13 Age 60 Months 6 Days 15

Sex Female Color or Race American Birthplace Delaware

Occupation Lady Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name W. Thos. May

Father's Birthplace Del.

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Annie L Dublin

How related to deceased Daughter

CAUSES OF DEATH

Primary

General debility 3 years.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. F. Smith, M.D.
Centerville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

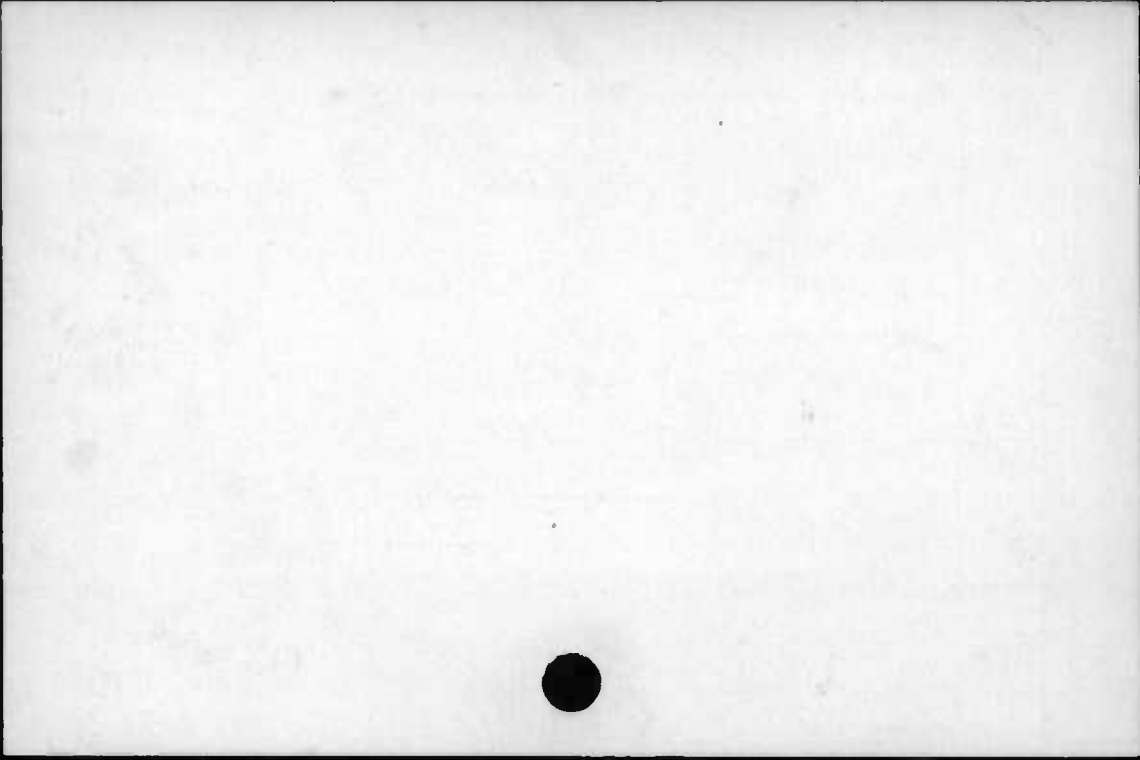
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> Town		<i>Zumundum County</i> County		MARYLAND	
Date of death	1906	Month	July	Day	28
				Age	68
Sex	Female		Color or Race	White	
Occupation	Housekeeper		Birth-place	Delaware	
Where Residing if not at place of death			At home		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Lorenza D. Morris			Father's Birthplace	Delaware
Mother's Maiden Name	Mary Truitt			Mother's Birthplace	"
Name of person giving information	Mary Burke			How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>2 weeks</i>
Immediate	<i>Prostration</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. S. Dudley</i>
		Address	<i>Church Hill Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Martha Jane Neal

Town

County

MARYLAND

Died at

Center Line ~~and~~ Anne Arundel

Date

Month

Day

Years

Months

Days

of death 1906

7

12

Age

59

Sex

Female

Color or Race

White

Birth-place

Caroline Co.

Occupation

Lady

Where Residing If not at place of death

Pidgeley

Married, Single or Widowed

Widowed

Name of Wife or Husband

William Neal

Father's Name

James Pippin

Father's Birthplace

Caroline Co

Mother's Maiden Name

Mary J. Beall

Mother's Birthplace

" "

Name of person giving information

Ray Turner

How related to deceased

none

CAUSES OF DEATH

Primary

Tuberculosis

(21)

How long

years

Immediate

exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

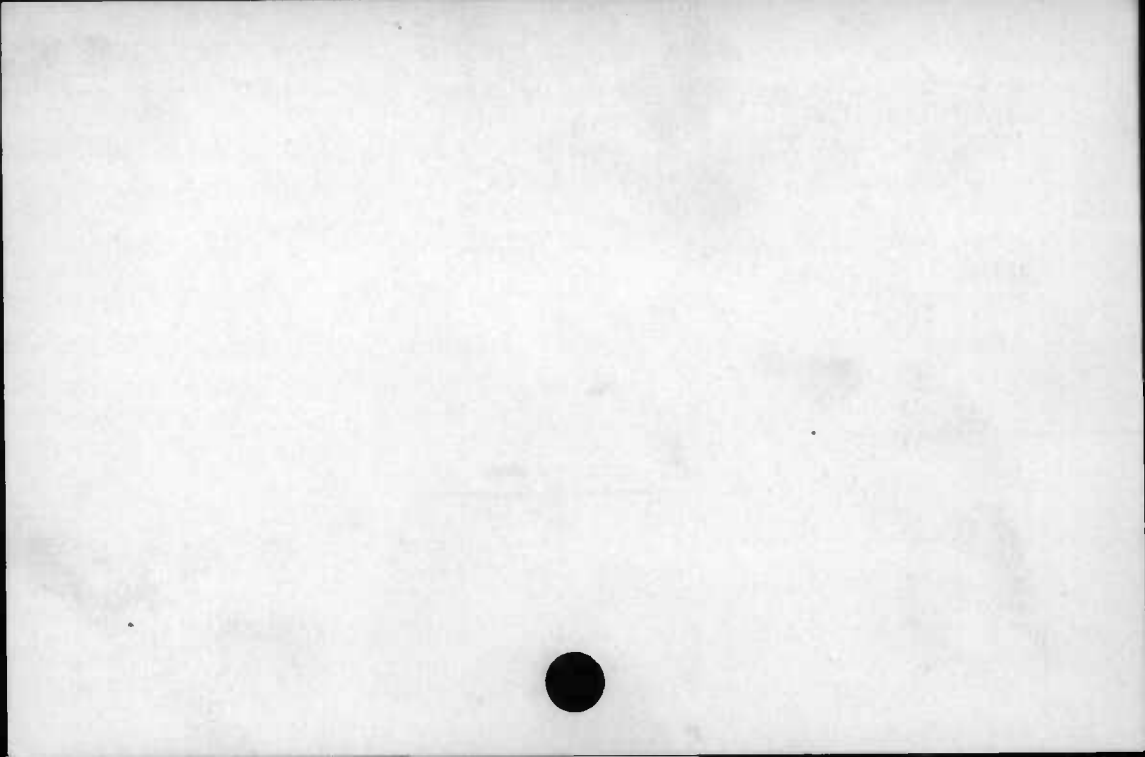
Address

W. D. Perry
Tuberville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Millington</i>		Town <i>Queen Anne</i>		County		MARYLAND							
Date of death <i>1906</i>		Month <i>July</i>		Day <i>29</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Millington</i>									
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Wm A. Robinson</i>				Father's Birthplace <i>Queen Anne</i>									
Mother's Maiden Name <i>Ella Pippin</i>				Mother's Birthplace <i>New York</i>									
Name of person giving information <i>Wm A. Robinson</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>—</i>	
Immediate <i>Still Born</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. B. Jones</i>	
		Address <i>Chester town</i>	
Accident or Suicide? <i>No</i>		<i>Md.</i>	



Name
in
Full

John H. Ruth,

CERTIFICATE OF DEATH

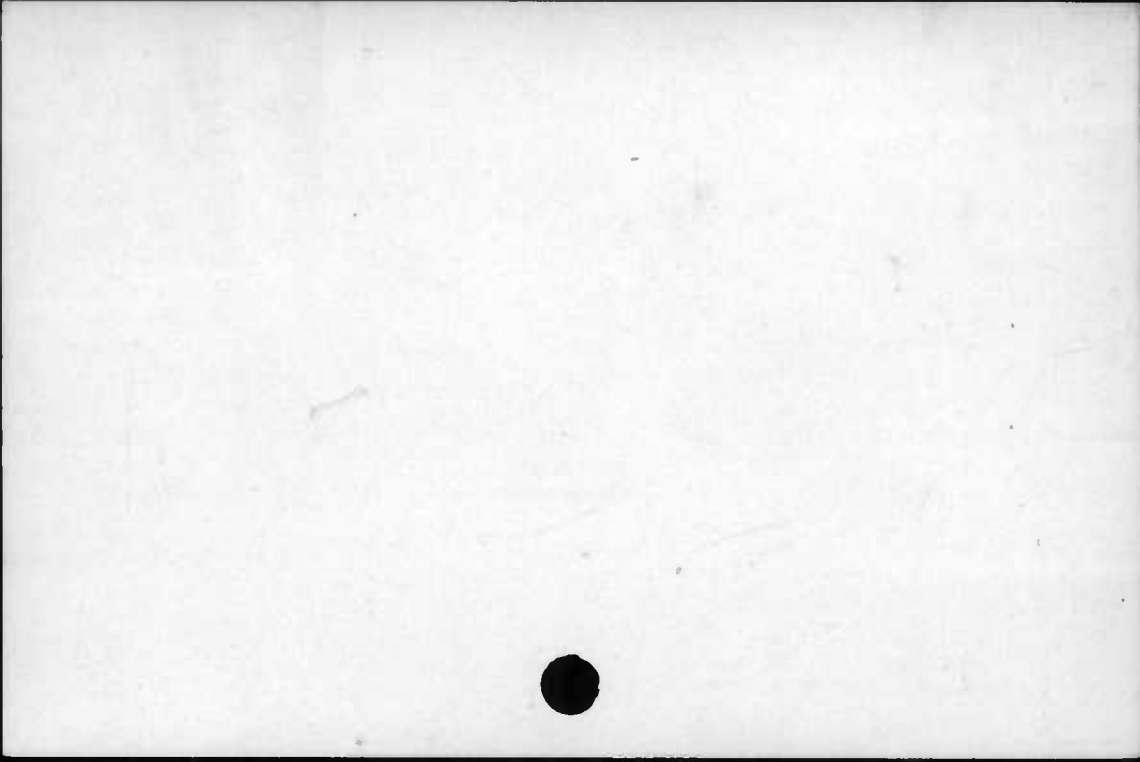
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i>		Town <i>2</i>		County <i>2</i>		MARYLAND	
Date of death	1906	Month	July	Day	16	Years	Age 67
Sex	Male		Color or Race	White		Birth-place	2 Aler
Occupation	Retail			Where Residing If not at place of death <i>near</i>			
Married, Single or Widowed	Married		Name of Wife or Husband	Laura C. Ruth			
Father's Name	James B. Ruth				Father's Birthplace	2 A. Co.	
Mother's Maiden Name	Mary Seaford				Mother's Birthplace	" "	
Name of person giving information	J. H. Lewis				How related to deceased	Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac hypertrophy with dilatation</i>	How long	<i>5-6 yrs.</i>
Immediate	<i>Stress - exhaustion</i>	How long	<i>4 months -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Lewis</i>
		Address	<i>Sequestown, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lily May Louisa Simpson

Died at *near Sweetstown*

Town

County

Queen Anne's

MARYLAND

Date
of death 1906

Month

July

Day

15th

Age

Years
10

Months

1

Days

Sex

*Female*Color or
Race*Black*Birth-
place*Queen Anne's*

Occupation

*School*Where Residing If not
at place of death*place of death*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm. H. Simpson*Father's
Birthplace*Caroline Co.*Mother's
Maiden Name*Lily Harris*Mother's
Birthplace*Queen Anne's Co.*Name of person giving
information*Wm. H. Simpson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

*Chronic Peritonitis
& Exhaustion*

How long

8 months

Immediate

How long

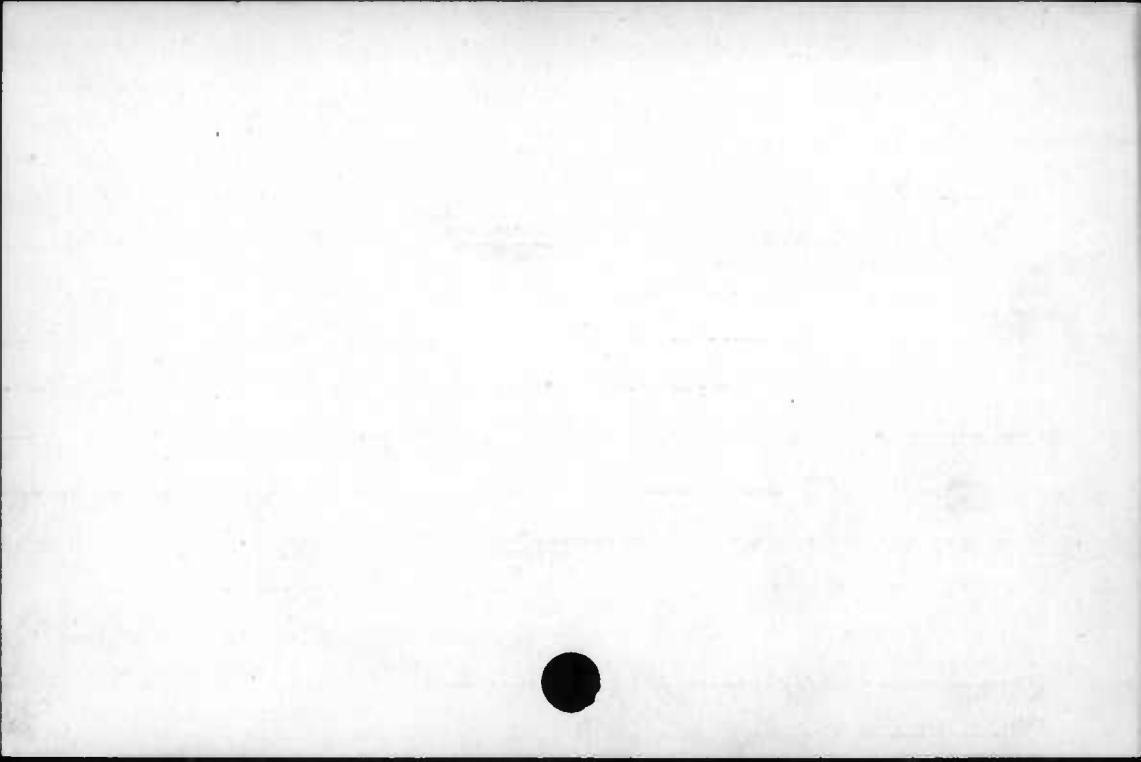
*6-8 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. Adams*

Address

Sweetstown, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Benj Oscar Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Winchester ^{County} Q.A. Co. **MARYLAND**

Date of death 1906 ^{Month} 8 ^{Day} 28 Age ^{Years} 5 ^{Months} 5 ^{Days} 25

Sex male Color or Race white Birthplace Winchester

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
Husband _____

Father's Name B. Oscar Smith

Father's Birthplace Q.A. Co.

Mother's Maiden Name Lottie Collier

Mother's Birthplace Q.A. Co.

Name of person giving information George Collier

How related to deceased grandmother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate natural causes

How long four or five mo.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas O'Connor

acting coroner

Fords Stone Ma

Accident or Suicide?



Name
in
Full

David, Smith

CERTIFICATE OF DEATH

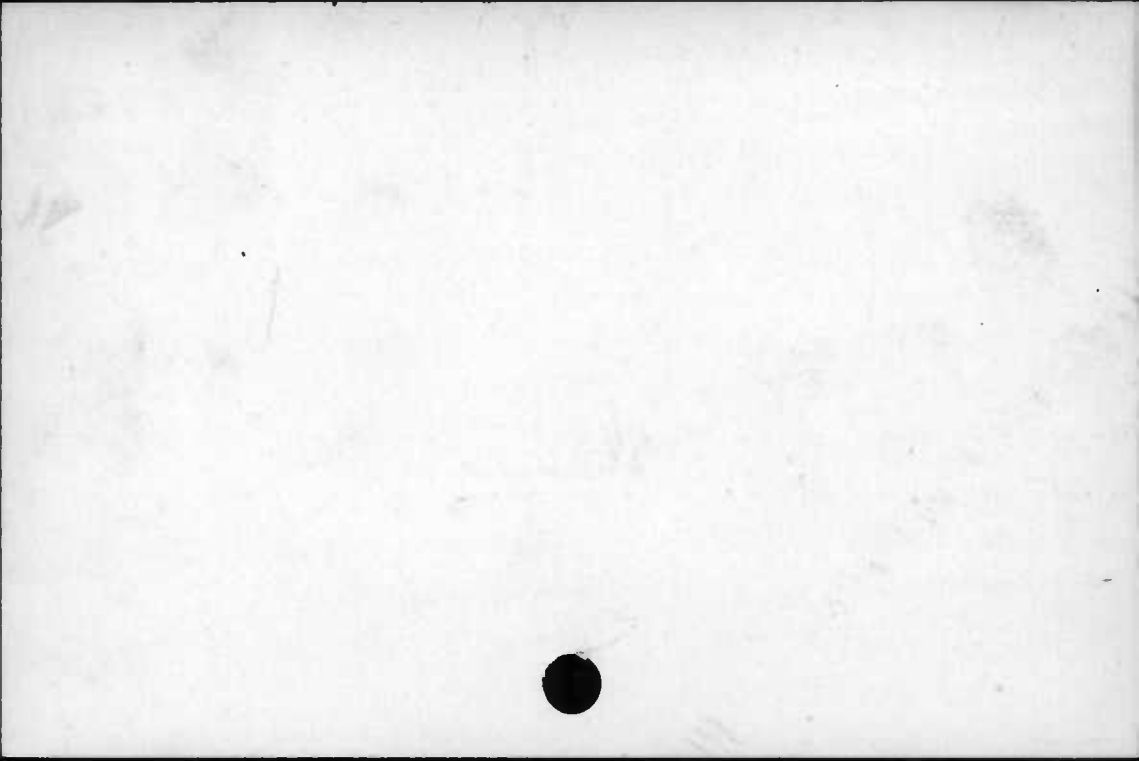
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Essex</i>		County <i>2. a</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>18</i>	Age <i>72</i>	Years	Months <i>10</i>	Days <i>18</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Kent Co</i>
Occupation	<i>Retired</i>			Where Residing If not at place of death		<i>Essex</i>	
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband <i>Jennie Smith</i>			
Father's Name	<i>Henry. Smith</i>				Father's Birthplace	<i>Kent Co</i>	
Mother's Maiden Name	<i>Eliza Lee</i>				Mother's Birthplace	<i>Caroline</i>	
Name of person giving In formation	<i>Jennie Smith</i>				How related to deceased	<i>Widow</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Rheumatism</i>	How long	<i>106</i>	<i>Two years</i>
Immediate	<i>Leishman</i>	How long	<i>Five</i>	<i>Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		Address <i>Harvard R. Hopkins, Lennestown, Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

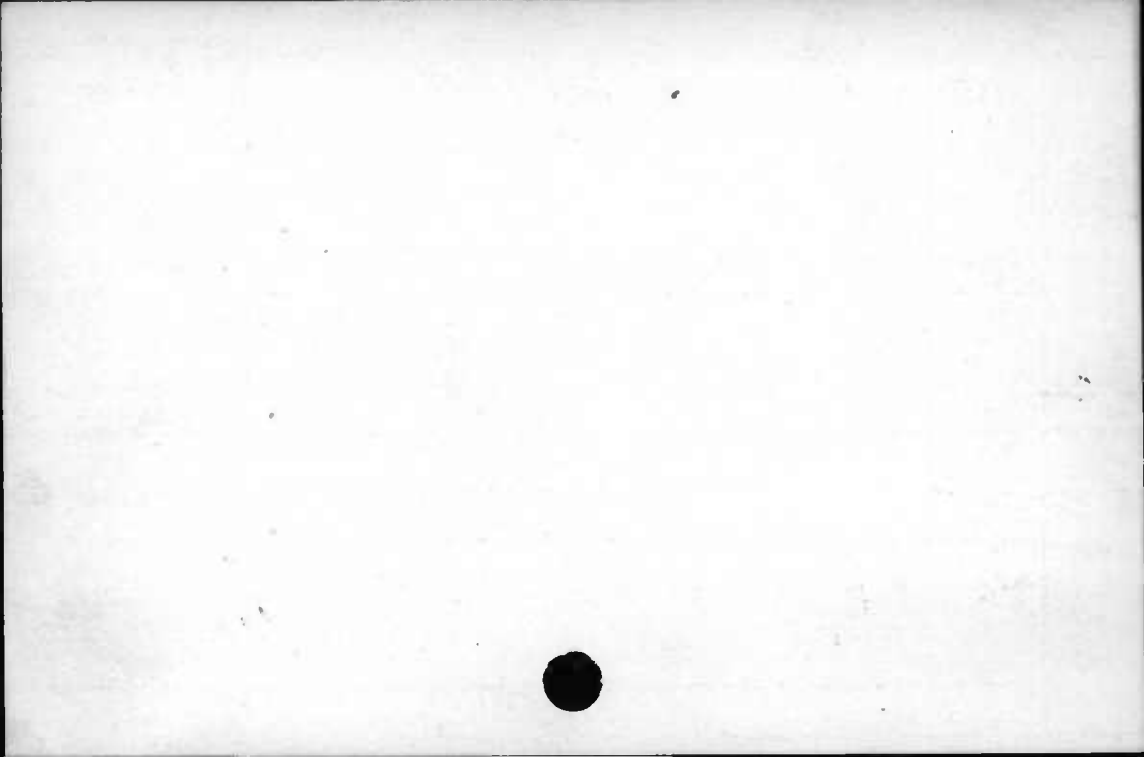
MARYLAND

Died at <i>Baraboo</i> Town		<i>L. A.</i> County			
Date of death <i>1906</i>	Month <i>4</i>	Day <i>1</i>	Age <i>76</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single <i>or Widowed</i>		Name of Wife or Husband <i>Frances E. Stevens</i>			
Father's Name <i>James E. Stevens</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Elizabeth Roseberry</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>Gas. J. Stevens</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fractured Vertebrae</i>	How long <i>2 yrs</i>
Immediate <i>Diphtheria</i>	How long <i>Wks 12</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>Englewood Id</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Wye River</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>July</i> ^{Month}	<i>8</i> ^{Day}	<i>11</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Queens town</i>		
Occupation <i>Harm labor</i>	Where Residing if not at place of death <i>bar michael</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Suddler</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Mary Johnson</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

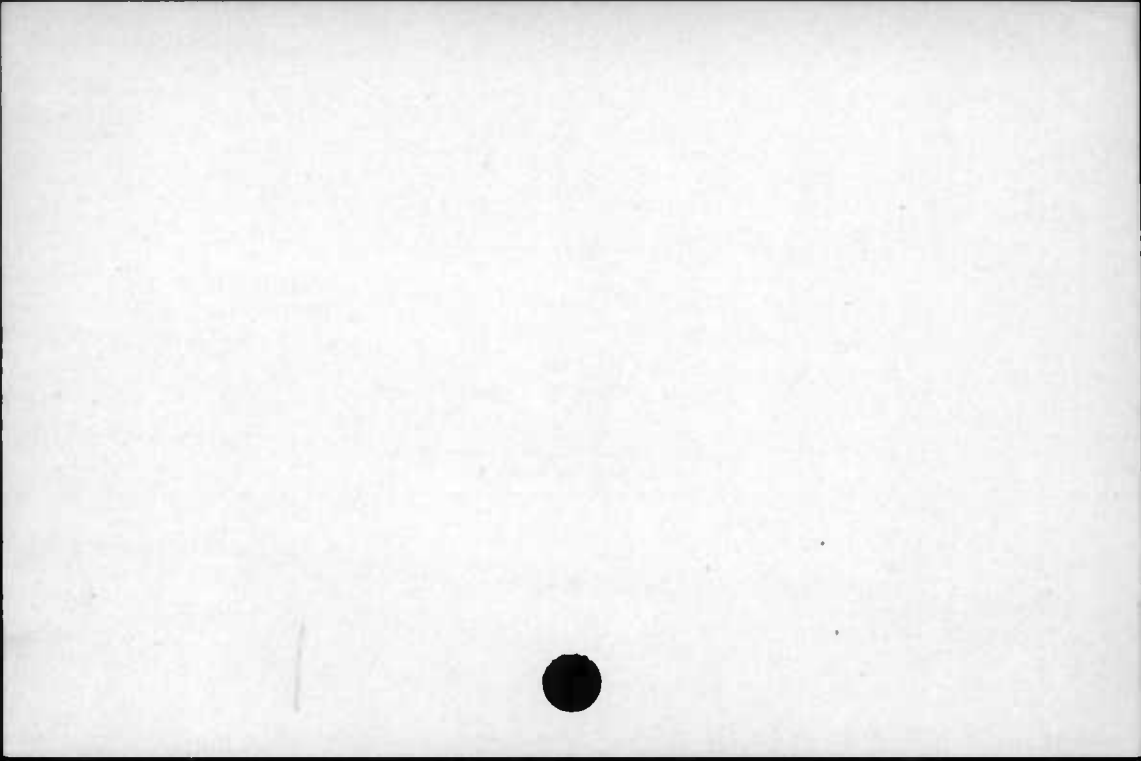
Signature of Physician

Address

John M. Akers, Coroner
Queens town
md

Accident or Suicide?

Accident



Name
in
Full

CERTIFICATE OF DEATH

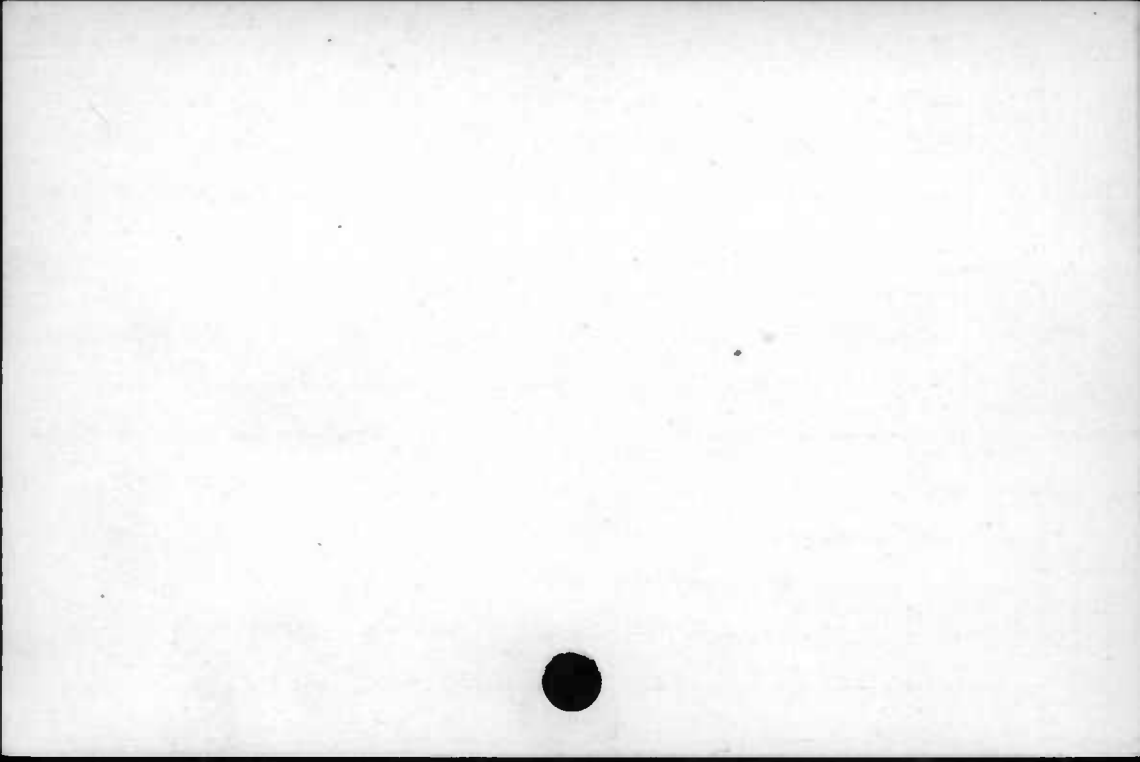
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George Washington Larman		Town Centreville		County Queen Anne		MARYLAND	
Died at		Date of death		Age		Months	
		1906 July 29		77		7 6	
Sex Male		Color or Race White		Birth-place Queen Anne Co.			
Occupation Brick mason		Where Residing if not at place of death					
Married Single Widowed		Name of Wife or Husband					
Father's Name Hezekiah Larman		Father's Birthplace Not known					
Mother's Maiden Name Ann Wooters		Mother's Birthplace Queen Anne Co.					
Name of person giving information John Larman		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Don't know
Immediate	Pneumonia	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. F. Smith	
		Address	
		Centreville	
		Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> ^{Town}		<i>Green Anne</i> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	15
		Years	38	Months	
Sex	Female	Color or Race	White	Birth-place	Ind.
Occupation	Housewife	Where Residing if not at place of death <i>at Place of death</i>			
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Elwood L. Taylor</i>		
Father's Name	<i>John A. Duncan</i>			Father's Birthplace	Ind.
Mother's Maiden Name	<i>Berna V. Miller</i>			Mother's Birthplace	Ind.
Name of person giving information	<i>Mrs. S. V. Newman</i>			How related to deceased	Sister

CAUSES OF DEATH

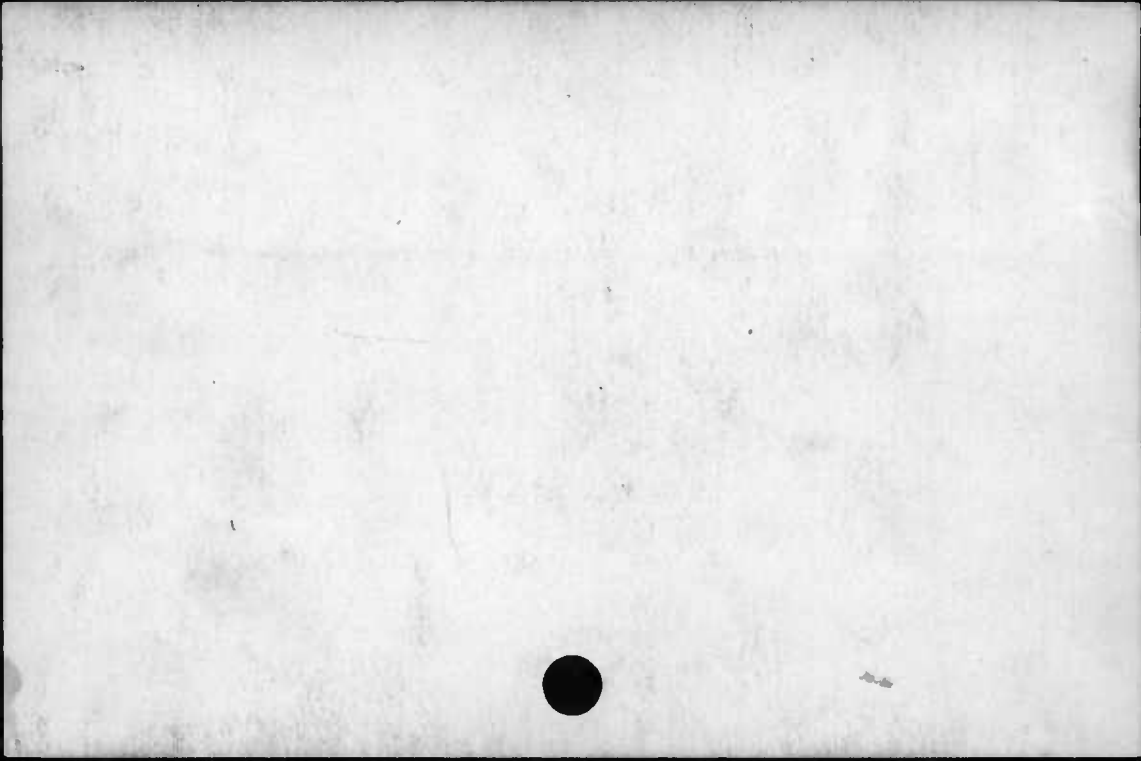
PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 years.</i>
Immediate	<i>Asphyxia</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. G. Cappaz</i>	
Address		<i>Church Hill Ind.</i>	
<i>Ind.</i>			

Accident or Suicide?



Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at <i>near</i>		<i>Ingleside</i>		<i>Tiller</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>7</i>	Day <i>29</i>	Years <i>infant</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>L. & Co. Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George Tiller</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Kate Brown</i>		Mother's Birthplace <i>Md</i>					
Name of person giving In formation <i>Kate Brown</i>		How related to deceased <i>mother</i>					
CAUSES OF DEATH							
Primary <i>Still Born</i>		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Graham M.D.</i>					
		Address <i>Ingleside Md.</i>					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

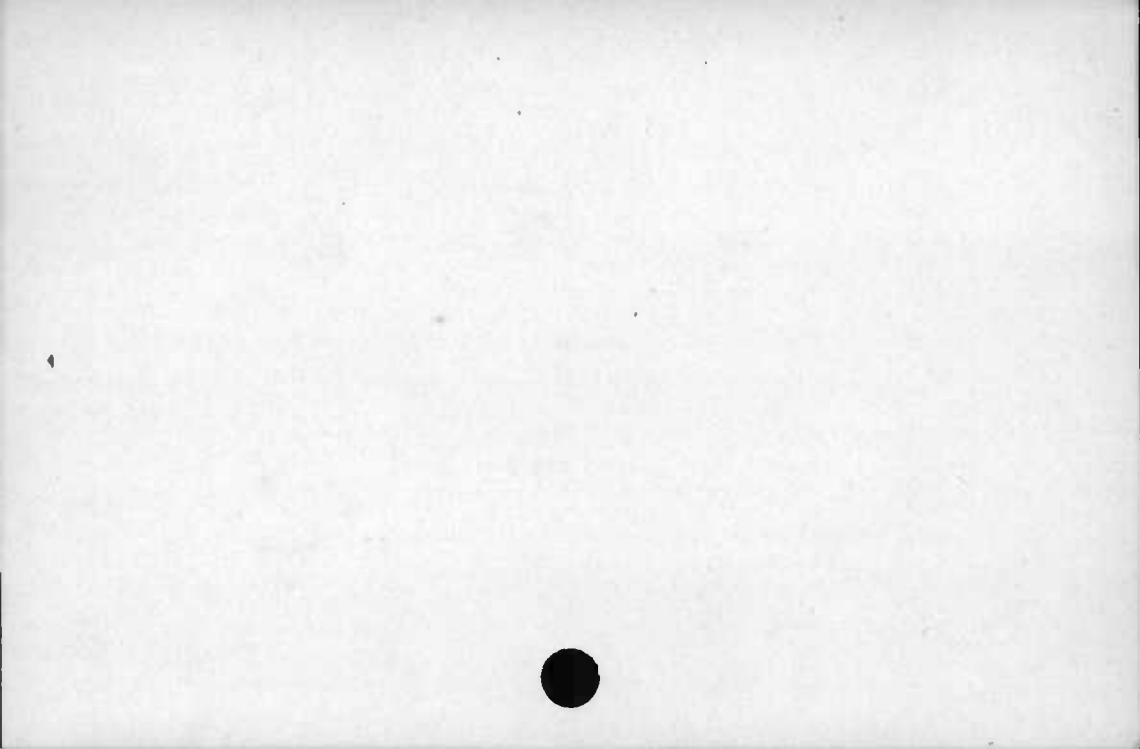
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Luckenton town</i>		County <i>Queen Anne's</i>		MARYLAND		
Date of death	<i>1906</i>	Month <i>7</i>	Day <i>4</i>	Years <i>58</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Kent Island</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Peter Tyler</i>		Father's Birthplace <i>Kent & Island</i>			
Father's Name <i>Jessie Grimage</i>	Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Peter Tyler</i>	How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary <i>Rheumatism</i>	How long <i>12 years</i>
Immediate <i>—</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert W. Eddins M.D.</i>
	Address <i>Centerville Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Amanda Wilson

CERTIFICATE OF DEATH

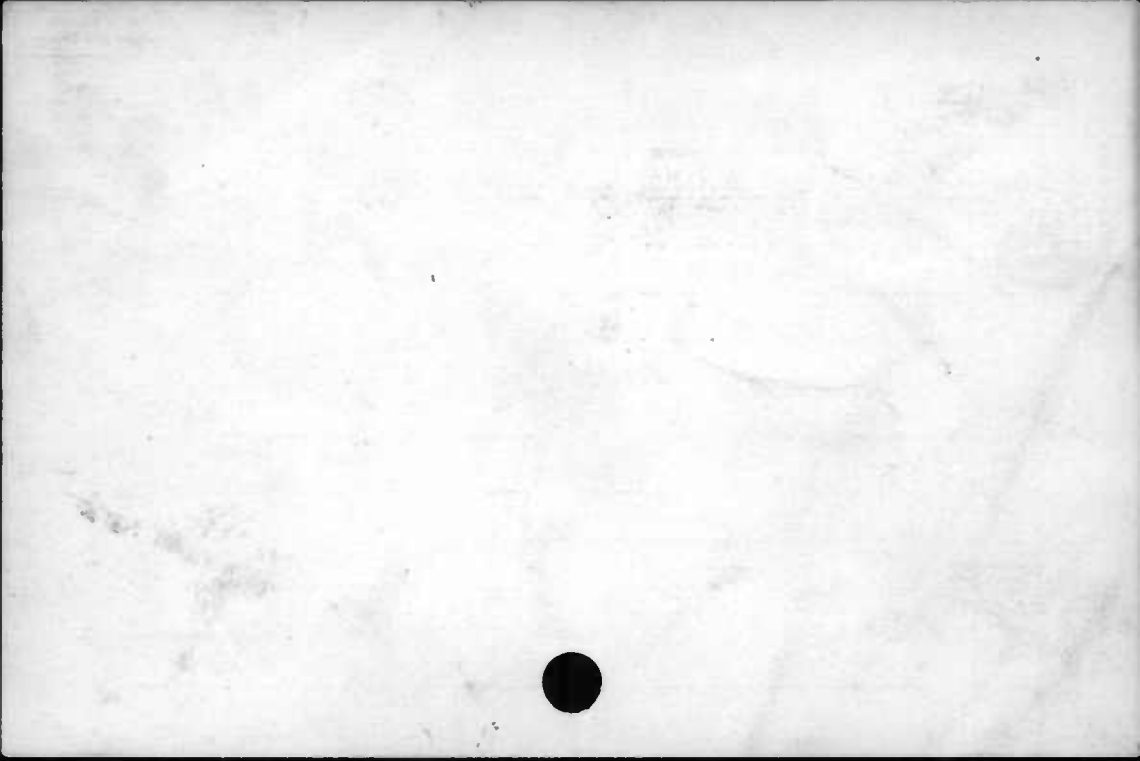
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Winchester		^{County} Queenanines		MARYLAND	
Date of death 1906	Month 7	Day 23	Age —	Months Two	Days
Sex Female	Color or Race Collard		Birth-place Winchester		
Occupation None	Where Residing if not at place of death				
Married Single or Widowed		Name of Wife or Husband			
Father's Name Samuel Wilson			Father's Birthplace Winchester		
Mother's Maiden Name M S Carter			Mother's Birthplace Winchester		
Name of person giving information Sam Wilson			How related to deceased father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Whooping Cough	How long one week
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Mary J. X Bowler
	Address Queens town mca
Accident or Suicide?	



Name
in
Full

Infant Child Yetter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Centerville		Queen		Anne			
Date of death	1906	Month	7	Day	20	Years	
Sex		Color or Race		Birth-place		Months	
male		white		Centerville Md		4	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Erity Yetter		Germany					
Mother's Maiden Name		Mother's Birthplace					
Sophie Rucker		"					
Name of person giving information		How related to deceased					
Erity Yetter		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hepatitis	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. M. Rucker M.D.	
no		Address	
		Centerville	
		Harles	
Accident or Suicide?			

